



**MERCER COUNTY HISTORY REGRANT PROGRAM
FY 2016 September 1, 2015 - August 31, 2016**

APPLICATION FORM

Please read the Regrant Guidelines and Narrative Requirements before completing this Application. **By Tuesday, June 30, 2015 at noon (postmark and hand-delivery deadline)** you must submit **one original and 5 copies** of the completed application to: Mercer County History Regrant Program, Division of Culture and Heritage, 640 South Broad St. (if mailing, address is PO Box 8068), Trenton, NJ, 08650. Questions: (609) 989-6418; TTY (609) 989-6865; email tfagan@mercercounty.org **[Be sure to "SAVE AS" this application form to your computer BEFORE completing. DO NOT type directly onto this on-line form.]** Please type or print all information.

I. GENERAL INFORMATION (fill out all information requested below)

Please note: ALL correspondence will be directed to the person/address listed here. If there are any changes to this information during the grant period, it is your responsibility to notify us at once.

Organization: _____
 Address: _____
 City, Zip: _____ Federal I.D. _____
 Contact person: _____ Title: _____
 Daytime Phone: _____ Fax: _____
 E-mail: _____ Website: _____
 U. S. Congressional District: _____ N. J. Legislative District: _____

Type of Grant Requested:

____ GENERAL OPERATING SUPPORT (GOS)

____ SPECIAL PROJECT (SP)

Amount Requested: \$ _____
 (please round up to the nearest dollar)

SUMMARY STATEMENT OF PROGRAM/PROJECT

(50 words or less)

Program/Project Director: _____
 Mailing Address: _____ E-mail: _____
 Daytime Phone: () _____ Fax: () _____
 Person completing application: _____ Daytime Phone: _____

NOTE: Information from the Summary Statement may be used for publicity purposes.

BUDGET SUMMARY

Complete this section last. For **GOS**, give figures from projected organizational budget for grant year. For **SP**, give actual special project budget figures. **NOTE:** These figures come from the rest of the application, and must agree. Please round to the nearest dollar.

- A. AMOUNT REQUESTED FROM MERCER COUNTY: \$ _____
- B. CASH MATCH: \$ _____
(Re-read page 4 of Guidelines before entering amount)
- C. CASH TOTAL: \$ _____
- D. IN-KIND MATCH: \$ _____
- E. TOTAL COST OF PROJECT (add lines C + D): \$ _____

AUDIENCE AND OUTREACH SUMMARY

The New Jersey Historical Commission and the Mercer County review panels are interested in the impact of your program on the general public. Provide the information below using actual numbers, if you have them, for the past year of programming by your organization. If you do not have actual numbers, please provide your best estimates. For new programs, use your best estimate based on outreach, marketing and potential impact.

Please indicate separate numbers, when available, for *audiences* (people attending a live event including reenactments, lectures, performances, educational programs, etc.) and people *benefiting from programs/services* (people using “passive” resources including collections, research, site visits, written materials, films, etc.) Note: the State of New Jersey requests that grantees, as much as possible, indicate separately the numbers of visitors to sites and those attending particular performances, exhibitions, events.

	<u>live audience</u>	<u>using programs/services</u>	<u>✓ if estimated</u>
Number of adults (general public)	_____	_____	_____
Children under 18	_____	_____	_____
Persons with disabilities	_____	_____	_____
Minority visitors (general public)	_____	_____	_____
Professional historians	_____	_____	_____
Minority historians	_____	_____	_____
Staff members involved	_____	_____	_____
Volunteers	_____	_____	_____

AUTHORIZATION

I understand that these pages and attachments constitute part of the Regrant application. I certify that all statements in this application are true to the best of my knowledge; and I hereby release the Board of Chosen Freeholders of the County of Mercer, its employees, and agents from any liability and/or responsibility concerning any submission of materials to the program. I further certify that any funds received under the Mercer County History Regrant Program will be used exclusively for the purpose set forth in this application. I understand and agree that submission of an application signifies intention to comply with Title VII of the Civil Rights Act of 1964 (PL 88-352), with Labor Standards under Section 501 of the National Foundation on the Arts and Humanities Act of 1965 (PL 185-209), Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.

CHIEF ADMINISTRATIVE OFFICER'S SIGNATURE
(Please sign in **Blue Ink**)

DATE

PRINT OR TYPE NAME

TITLE

II. NARRATIVE

Attach your narrative after this page. See **Guidelines** for Narrative outline and requirements.

III. BUDGET FORMS

Complete and attach the Budget Forms appropriate for the type of grant (General Operating Support or Special Projects) for which you are applying.

- **NOTE: Historical organizations and sites applying for Special Projects grants must submit both the Organizational Budget form AND the Special Projects forms**
- In-Kind Contributions Form = ALL organizations must fill out this form

IV. SUPPORT MATERIAL

Support material should be included if it:

- 1.) demonstrates your organization's excellence in presenting the types of projects for which you're seeking funding, (programs, brochures, press clippings, etc.) and/or
- 2.) highlights the professionalism of your board, your staff or your organization (resumes, bios, evaluation reviews, articles, etc.)

Be sure to submit: resumes of key personnel; any materials that speak to your administrative capacity; programming excellence; marketing strengths. Non-historical nonprofits should include any materials that demonstrate your organization's commitment to or interest in historical programming.

Ideally, *support materials should be no more than two years old*. If you are attaching older materials, you must explain what has happened with the organization and its programs in the interim.

V. CHECKLIST

Use the checklist to ensure you have answered all the questions and provided all necessary support material.

MERCER COUNTY HISTORY REGRANT PROGRAM – APPLICATION CHECKLIST
FY 2016 (September 1, 2015 – August 31, 2016)

This checklist is provided to assist you in preparing and compiling a complete, properly sequenced application packet. Submit *one original* of the application plus eight copies (total of 9) by Friday, June 28, 2015 (postmark or hand delivered). Check (✓) each item when you provide requested information.

We will return a countersigned copy indicating receipt of your application.

Collate your grant application in the **order listed below** into six individual folders (one original and five copies). Please use **12-point type and number all narrative pages in the upper right hand corner**. Please identify the folder that contains the application with the *original signature*.

- ___ SIGNED CHECK-LIST (Do not staple to rest of application)
- ___ Cover page – General Information and Budget Summary
- ___ Authorization Page with Signature in blue ink
- ___ **Narrative (prompt sheet is at the end of this package. Be sure to answer all questions on Narrative Outline (attached to Regrant Guidelines. SP grants: *maximum 5 pages*; GOS grants: *maximum 6 pages*. [These are MAXIMUM #s of pages. If you can effectively tell your story in fewer pages, please do so.]**

FINANCIAL

- ___ In-kind and other information (**all applicants**)
- ___ Special Project/SP Budget Form (**SP only**)
- ___ Organizational Budget Form (**GOS and all history organizations**)

REQUIRED SUPPORT MATERIAL

- ___ a. Resumes/bios of proposed speakers/consultants/staff or a job description if prospective personnel have not yet been identified
- ___ b. Resumes of primary volunteers or paid staff responsible for program or project
- ___ c. Names of your Board of Directors/Trustees, including business or community affiliation
- ___ d. Sampling of brochures/flyers/press clippings of recent programs (within last 3 years)
- ___ e. Media list to which press releases are submitted
- ___ f. Internal Revenue Service letter of tax exemption Section 501 (c) (3)

OPTIONAL SUPPORT MATERIAL

- ___ a. Photographs, slides, or CD images of recent similar programs your organization has presented (One set only)
- ___ b. Copy of “products” that resulted from prior Mercer County History Regrant awards
- ___ c. Other _____

I, the undersigned, certify that I have reviewed and checked the application and that it is complete.

SIGNATURE _____
 Person completing this application Day Phone Date

Received by MCC&HC _____
 initials of receiver Date

MERCER COUNTY HISTORY REGRANT PROGRAM
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ORGANIZATIONAL BUDGET FORM

(Historical Organizations & GOS applicants must complete)

Use the Narrative to describe in detail your income and expenditures for FY 2015 and projected income and expenditures for FY16 (this grant year). Explain any line item fluctuations in excess of 20% from year to year on a separate sheet of paper.

INCOME CATEGORY	FY15 Actual (9/14—8/15)	FY16 Projected (9/15—8/16)
Memberships		
Store/Shop/Publications		
Program Admissions		
Grants (list sources on an attached sheet)		
NJHC		
Other Government		
Corporate/Foundation		
Individual Contributions		
Other Cash (list)		
MC History Regrant Program		
TOTAL		

EXPENSE CATEGORY	FY15 Actual (9/14—8/15)	FY16 Projected (9/15—8/16)
Staff (salaries/wages/benefits)		
Consultants		
Speakers		
Publicity and Marketing		
Printing		
Supplies		
Telephone		
Utilities		
Postage		
Facility Maintenance		
Equipment Rental/Purchase		
Space Rental		
Mortgage		
Insurance		
Audit		
Travel		
Other (list)		
Other (list)		
TOTAL		

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SPECIAL PROJECT (SP) BUDGET FORM

For SPECIAL PROJECTS ONLY.

Use the narrative to explain costs and income breakdown described in this budget.

PROJECT EXPENSES	Requested From MCC&HC	Matching Cash	Category Cash Total
	A	B	C
Coordinator			
Consultants			
Speakers			
Space Rental			
Printing			
Publicity			
Travel (for (consultants/speakers)			
Telephone			
Supplies & Materials			
Postage			
Equipment Rental/Purchase			
Other (list)			
TOTAL EXPENSES			

It is not necessary to have a figure on each line. Fill in where applicable.

(Column C= Total cash cost of Project)

PROJECT INCOME (CASH): This is where your cash match (**Column B**) comes from. Your Project Income must *at least* equal Column B and may include funds from anticipated admissions, donations, memberships, registrations, other grants, your budget or other cash sources.

SOURCES: _____ Amount \$ _____

 _____ **Total** \$ _____

Please indicate your organization's Fiscal Year: From _____ to _____

Special Project Applicants:

Indicate your organization's annual budget for the most recent Fiscal Year \$ _____

If you manage a physical site please indicate a count for the following:

- Annual visitors _____
- Number of schools making trips to your site _____
- Number of outreach visits by your staff/volunteers to schools _____

You may attach a separate sheet of paper, if necessary, to list additional expenses or funding sources.

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IN-KIND CONTRIBUTIONS: All applicants please complete **whether or not you are using In-Kind to provide the match**. These are donated goods and services, which have a documented cash value. Include donated space, administrative, maintenance and secretarial staff time and other volunteer time.

Nature of Contribution**Cash Value**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Value of In-Kind Contributions**\$**_____**Additional Information**

To help us serve you better, please list the types of workshops or other resources you would like to see the Division of Cultural and Heritage Affairs offer.

Remember to complete and attach your **grant narrative**
(see **Regrant Guidelines** for Narrative questions, outlines and tips)
along with support materials -- to this application packet.